

CHRONIC PAIN ASSESSMENT SCALE



Patient's Name _____ Date ____/____/____

1. How would you rate your AVERAGE pain level over the last week?

No pain 1 2 3 4 5 6 7 8 9 10 Severe pain

2. How would you rate your WORST pain level over the last week?

No pain 1 2 3 4 5 6 7 8 9 10 Severe pain

3. How would you rate your BEST pain level over the last week?

No pain 1 2 3 4 5 6 7 8 9 10 Severe pain

4. What makes your pain worse?

5. What makes your pain better?
